UNITED STATES DISTRICT COURT

WESTERN	District of	MICHIGAN (SOUTHERN DIVISION ((1))			l ((1))	
AL QASSIMI ACADEMY Plain V.	The second secon		DER GRANT ON OF ATTO			
ISMAIL A. ABUHALTAM	CAS	E MUMDED.	1:23-cv-00289	-PI M-P IC		
Defend		E NUMBER:	1.23-00-00209	-FLIVI-FJG		
Notice is hereby given that, subject	1.00	ISMAIL A. A	BUHALTAM (Party (s) Name)		substitutes	
Jeffrey A. Chip	, Sta	te Bar No. P	54990	as counsel	of record in	
(Name of New Attorney)			= ==		TE STILLE 31, 1988	
place of Ryan Hill						
	(Name of Attorney (s) Withdrawing Appearance)					
Contact information for new counsel is as for	ollows:					
Firm Name: Jeffrey A. Ch						
The state of the s	s Road, Suite 13, Okemos	MI 48864				
Telephone: (517) 347-27			E17\ 247 0704			
		_Facsimile _G	517) 347-2704			
E-Mail (Optional): jchiplaw@ao	i.com					
I consent to the above substitution.	-					
Date: \$ 31 29			-			
I consent to being substituted.			(Signature of I	Party (s))		
Date:	-	6	ee attag	de ed		
Date.),	(Signature of Forms	Attorney (s))		
I consent to the above substitution.				No. of the last of		
Date:5/31/24			11/1			
1/ 1 -/			(Signatury of New	v Attorney)		
The substitution of attorney is hereby approx	ved and so ORDERED.					
Date: June 4, 2024		/s/ Paul L. Maloney				
		-	Judge			

[Note: A separate consent order of substitution must be filed by each new attorney wishing to enter an appearance.]

UNITED STATES DISTRICT COURT

WESTERN	District of	MICHIGAN (SOUTHERN DIVISION ((1))			
AL QASSIMI ACADEMY Plaintiff (s), V. ISMAIL A. ABUHALTAM Defendant (s), Notice is hereby given that, subject to appro	CAS val by the court,	(Party (s) Name	289-PLM-PJG substitutes		
(Name of New Attorney)	, Sta	e Bar No. <u>P54990</u>	as counsel of record in		
place of Ryan Hill					
	me of Attorney (s) With	rawing Appearance)	· · · · · · · · · · · · · · · · · · ·		
Contact information for new counsel is as follows: Firm Name: Address: Jeffrey A. Chip, P.C. 4121 Okemos Road,	Suite 13, Okemo	, MI 48864			
Telephone: (517) 347-2700		Facsimile (517) 347-2704			
E-Mail (Optional): jchiplaw@aol.com		raesimile (617) 617 27 61			
I consent to the above substitution. Date:	er er	(Signature	e of Party (s))		
I consent to being substituted.					
Date: 05/31/2024		/s/ Ryan E. Hill			
I consent to the above substitution. Date:		(Signature of Fo	ormer Attorney (s))		
	•	(Signature of	New Attorney)		
The substitution of attorney is hereby approved and so	so ORDERED.				
		Ju	ıdge		
[Note: A separate consent order of substitution m	ust be filed by e	ch new attorney wishing	to enter an appearance.]		